Case 05-04275 Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main UNITED STAGES RANKED POLITY VOLUNTARY VOLUNTARY NORTHERN DISTRICT OF ILLINOIS PETITION CHAPTER 13 IN RE: NAME OF DEBTOR (Last, First, Middle) NAME OF JOINT DEBTOR (Spouse)(Last, First, Middle) Frausto, Sheila, S. Frausto, Francisco, J. ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE DEBTOR ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE JOINT DEBTOR IN THE LAST 6 YEARS IN LAST 6 YEARS Soc. Sec/Tax I.D.No.(If more than one, state all): Soc. Sec./Tax I.D.No. (If more than one, state all): XXX-XX-4135 XXX-XX-0499 ADDRESS OF DEBTOR (Street, City, State, and Zip Code) ADDRESS OF JOINT DEBTOR(Street, City, State and Zip Code) 12752 Honore | 12752 Honore Blue Island IL 60406 Blue Island IL 60406 COUNTY OF RESIDENCE COOK COUNTY OF RESIDENCE COOK MAILING ADDRESS OF DEBTOR (If different from Street Address) MAILING ADDRESS OF DEBTOR (If different from Street Address) LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR VENUE (Check one) (If different address listed above) [X] Debtor has been domiciled or has had a residence, principal place of business, of principal assets in this District for 180 Days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. [ ] There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. INFORMATION REGARDING DEBTOR (Check applicable boxes) TYPE OF DEBTOR CHAPTER OF THE BANKRUPTCY CODE UNDER WHICH ] Individual [ ] Corporation Publicly Held THE PETITION IS FILED (Check one box) Joint (Husband & Wife) [ ] Corporation Not Publicly Held | [ ] Chapter 7 [ ] Chapter 11 Railroad [ ] Partnership [ ] Municipality [] Ch. 7 Broker [ ] Chapter 12 []Other [] Ch. 9 [X] Chapter 13 NATURE OF DEBT [] Ch. 11 [ ] Sec. 304 Non-Business/Consumer [ ] Business - Complete A & B FILING FEE (Check on box) A. TYPE OF BUSINESS (Check One Box) [X] Filing fee attached [ ] Farming [ ] Transportation [ ] Commodity Broker [ ] Filing fee to be paid in installments [ ] Professional [ ] Manufacturer/Mining [ ] Construction NAME AND ADDRESS OF LAW FIRM OR ATTORNEY [ ] Retail/Wholesale [ ] Real Estate URBAN & BURT, LTD. [ ] Railroad [ ] Stock Broker [ ] Other Business 5320 W. 159th Street B. BRIEFLY DESCRIBE NATURE OF BUSINESS Oak Forest, IL 60452 708-687-5200 Name of Attorney Designated to Represent Debtor URBAN & BURT, LTD. (URBA) 6182264 STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604) [ ] No assets will be available for distribution to creditors THIS SPACE FOR COURT USE ONLY [X] Assets will be available for distribution to creditors ESTIMATED NUMBER OF CREDITORS 1-15 16-49 100-999 1000-over ESTIMATED ASSETS (IN THOUSANDS OF DOLLARS) Under 50 50-99 100-499 500-999 1000-over [ ] ESTIMATED LIABILITIES (IN THOUSANDS OF DOLLARS) Under 50 50-99 100-499 500-999 1000-over []

ESTIMATED NUMBER OF EMPLOYEES-CHAPTER 11 AND 12 ONLY

20-99

20-99

[ ]

ESTIMATED NO. OF EQUITY SECURITY HOLDERS-CH.11 & 12 ONLY

100-999

100-999

[ ]

1000-over

1000-0ver

[ ]

1-19

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1-19

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Name of Debtor Sheila S. Frausto

Francisco J. Frausto Case Number FILING OF PLAN For Chapter 9, 11, 12, and 13 cases only, Check appropriate box [ ] A copy of debtor's proposed plan is attached. [ ] Debtor intends to file a plan within the time allowed by statute, rule or order of court. PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS Location Where Filed Case Number Date Filed NORTHERN DIST., IL 04 B 08347 DOYLE 03/04/2004 PENDING CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR Name of Debtor Case Number Relationship District Judge REQUEST FOR RELIEF Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition. **SIGNATURES ATTORNEY** /s/ Edmund G. Urban III Date: Dec 18, 2004 Debtors Attorney INDIVIDUAL JOINT DEBTOR(S) CORPORATE OR PARTNERSHIP DEBTOR I declare under penalty of perjury that the information I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct. provided in this petition and attached schedules is true and correct. Signature of Authorized Individual Title of Individual Authorized to File this Petition Dec 18, 2004 Dec 18, 2004 EXHIBIT "A" is attached and made part of this petition (Corporate debtor under Chapter 11) TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS I am aware that I may proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 13 of such title. If I am represented by an attorney Exhibit "B" has been completed below. Dec 18, 2004 Dec 18, 2004 EXHIBIT "B" (to be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.) I am the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she or they) may proceed under Chapter 7, 11, 12, 13 of title 11 United States Code, and have explained the relief available under each chapter which is applicable to this debtor. <u>/s/ Edmund G. Urban III</u> Dec 18, 2004

Debtors Attorney

# Case 05-04275 Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main UNITED STATES BANKRUPTCY COORT, of 29

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Sheila S. Frausto Francisco J. Frausto

### **SUMMARY OF SCHEDULES**

NAME OF SCHEDULE AT	ГАСНІ	ED #SHEE	TS ASSETS	LIABILITI	ES OTHER
A - REAL PROPERTY	YES	1 (COMB. B)	\$ 100000.00		
B - PERSONAL PROPERTY	YES	1 (COMB. A)	\$ 2100.00		
C - PROPERTY CLAIMED AS EXEMPT	YES	1			
D - CREDITORS HOLDING SECURED CLAIMS	YES	1		\$ 82598.05	
E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS	YES	1		\$ 7500.00	
F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS	YES			\$ 234278.56	
G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES	YES	1			
H - CODEBTORS	YES	1			
I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)	YES	1			\$ 3054.88
J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)	YES	1			\$ 2304.00
TOTAL NUMBER OF SH		ASSETS			
	IUIAL	TOTAL L	\$ 102100.00 IABILITIES		
				\$ 324376.61	

### Case 05-04275

# Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main UNITED SEAD KRUPTCY COURT NOTICE TO INDIVIDUAL CONSUMER DEBTOR

The purpose of this notice is to acquaint you with the four chapters of the federal Bankruptcy Code under which you may file a bankruptcy petition. The bankruptcy law is complicated and not easily described. Therefore, you should seek the advice of an attorney to learn of your rights and responsibilities under the law should you decide to file a petition with the court. Neither the judge nor the court's employees may provide you with legal advice.

### Chapter 7: Liquidation

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts.
- 2. Under chapter 7 a trustee takes possession of all your property. You may claim certain of your property as exempt under governing law. The trustee then liquidates the property and uses the proceeds to pay your creditors according to priorities of the Bankruptcy Code.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, your discharge may be denied by the court, and the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a discharge, there are some debts that are not dischargedunder the law. Therefore, you may still be responsible for such debts as certain taxes and student loans, alimony and support payments, criminal restitution, and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs.
- 5. Under certain circumstances you may keep property that you have purchased subject to a valid security interest. Your attorney can explain the options that are available to you.
- Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income.
- 1. Chapter 13 is designed for individuals with regular income who are temporarily unable to pay their debts but would like to pay them in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13 you must file a plan with the court to repay your creditors all or part of the money that you owe them, using your future earnings. Usually, the period allowed by the court to repay your debts is three years, but not more than five years.

Your plan must be approved by the court before it can take effect.

- 3. Under chapter 13, unlike chapter 7, you may keep all your property, both exempt and non-exempt, as long as you continue to make payments under the plan.
- 4. After completion of payments under your plan, your debts are discharged except alimony and support payments, student loans, certain other debts including criminal restitution and debts for death or personal injury caused by driving while intoxicated from alcohol or drugs, and long term secured obligations.

### Chapter 11: Reorganization

Chapter 11 is designed primarily for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer

Chapter 12 is designed to permit family farmers to repay their debts over a period of time from future earnings and is in many ways similar to a chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm.  $\Lambda$ 

I, the debtor, affirm that I have read this notice.

Dec 18, 2004

Sheile Strainto

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### STATEMERCETOFTALLPPROPERTY OF DEBTOR SCHEDULE A - REAL PROPERTY

Sheila S. Frausto

Francisco J. Frausto

DESCRIPTION AND LOCATION OF PROPERTY / NATURE OF DEBTOR'S INTEREST / CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN

PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION

/ AMOUNT OF SECURED CLAIM

12752 S. HONORE, BLUE ISL

13. Interests in partnerships or joint ventures. Itemize

100000.00

75598.05

#### TOTAL VALUE SCHEDULE A \$ 100000.00

### SCHEDULE B - PERSONAL PROPERTY

(Unless specified all property is jointly owned, if a joint petition was filed.)

### AIMS

TYPE OF PROPERTY / DESCRIPTION OF PROPERTY / MARKET VALUE OF DEBTOR'S INTEREST WITHOUT DE	DUCTION FOR SECURED CLA
1. Cash on hand	
<ol> <li>Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, building and loan, and homestead associations, or credit unions, brokerage houses or cooperatives.</li> <li>TCF CHECKING</li> </ol>	200.00
TCF CHECKING CHARTER ONE CHECKING	300.00 300.00 300.00
3. Security Deposits with public utilities, telephone companies, landlords and others	
4. Household goods, supplies and furnishings including audio, video and computer equipment MISC. HOUSEHOLD FURNISHINGS	400.00
5. Books, pictures, and other art objects; stamp, coin, record, tape, compact disc and other collections or collectibles.	
<ul><li>6. Wearing apparel.</li></ul>	300.00
8. Firearms and sports, photographic, and other hobby equipment.	
9. Interests in insurance policies.	
10. Annuities. Itemize and name each insurer	
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	
12. Stock and interests in incorporated and unincorporated businesses, Itemize.	

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14. Government and corporate bonds and other negotiable and non-negotiable instruments.	
15. Accounts Receivable.	
16. Alimony, maintenance, support, and property settlements to which debtor may be entitled. Give particula	ars.
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	
18. Equitable or future interest, life estates, and rights or powers excercisable for the benefit of the debtor of	her than those listed in Schedule of Real Property
19. Contingent and non-contingent interests in estate of a decedent death benefit plan, life insurance policy of	r trust.
20. Other contingent and unliquidated claims of every nature, including tax refunds, countercalims of the del	ptor and rights to setoff claims. Give estimate valu
21. Patents, copyrights and other intellectual property. Give particulars.	
22. Licenses, franchises, and other general intangibles. Give particulars.	
23. Automobiles, trucks, trailers and other vehicles 1989 FORD RANGER 1979 CHEVROLET SEDAN	350.00 350.00
24. Boats, motors and accessories.	
25. Aircraft and accessories.	
26. Office equipment, furnishings and supplies.	
27. Machinery, fixtures, equipment and supplies used in business.	
28. Inventory.	
29. Animals.	
30. Crops - growing or harvested. Give particulars.	
31. Farming Equipment and implements.	
32. Farm supplies, chemicals, and feed.	
33. Other personal property of any kind not already listed. Itemize.	
Sheila S. Frausto & Francisco J TOTAL VALUE SCHEDULE B \$ 23	00.00

## Case 05-04275 Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main SCHEDULE COCPROPERT ACLARIAND AS EXEMPT

Pursuant to 11 U.S.C. Sec 522 (b) (1):

Debtor claims the following property as exempt pursuant to Ch. 735 Illinois Compiled Statutes; Debtor claims all other exemptions to which he may be entitled.

DESCRIPTION OF PROPERTY STATU REAL PROPERTY	TORY SECTIONS / VAL	UES CLAIMED	EXEMPT /	CURRENT MA	RKET VALUE
12752 S. HONORE, BLUE ISL	12-901	7500	12-901	7500	100000.0
VEHICLES					
1989 FORD RANGER 1979 CHEVROLET SEDAN	12-1001(c)	1200	12-1001(c)	1200	350.0 350.00
PERSONAL PROPERTY					
TCF CHECKING TCF CHECKING CHARTER ONE CHECKING	12-1001 (b) 12-1001 (b)	300 300	12-1001(b)	300	300.0 300.0 300.0
	S 12-1001(b) 12-1001(a)	400 300	12 1001(D)	500	400.0 300.00

Sheila S. Frausto & Francisco J. Frausto

### Case 05-04275 Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main **SCHOOLIGE C** - **RADDITIONAL**)

Each Debtor exempts from the property of the estate, pursuant to the State Exemptions set forth below the following property although each debtor may not have the property noted and each debtor may not have equity in property, sufficient to exhaust the following allowable State Exemptions. These exemptions are in addition to those already specifically claimed on the previous page, and are cummulative to the full extent allowable under Illinois or the Bankruptcy Code.

<ul> <li>a. Residence or homestead of individual, includes farm lot &amp; buildings, condominiums, personal property or cooperative. Can be owned or leased.</li> </ul>	\$7.500 (includes proceeds of sale for 1 yr:12-906)	*735 ILCS 5/12-901
<ul> <li>Necessary wearing apparel, Bible, school books family pictures and prescribed health aids of debtor &amp; dependents</li> </ul>	100%	735 ILCS 5/12-1001 (a), (e)
c. Any personal property of debtor	\$2,000	735 ILCS 5/12-1001 (b)
d. One motor vehicle	\$1,200	735 ILCS 5/12-1001 (c)
e. Implements, books, and tools of trade	\$ 750	735 ILCS 5/12-1001 (d)
f. Proceeds and cash value of life insurance policies & annuity contracts payable to dependents of insured	100%	735 ILCS 5/12-1001 (f)
g. Social Security benefits, unemployment compensation benefits, public assistance benefits. Veteran's benefits and disability and illness benefits.	100%	735 ILCS 5/12-1001 (g) (1). (2). (3)
h. Alimony, support or separate maintenance	Amount reasonably necessary to support debtor and dependents	735 ILCS 5/12-1001 (g) (4)
i. Pension and retirement benefits	100%	735 ILCS 5/12-1006 (a)-(d)
j. Crime victim's reparation law awards	100%	735 ILCS 5/12-1001 (h) (1)
k. Wrongful death payments resulting from death of person of whom debtor was a dependent.	Amount reasonably necessary to support debtor and dependents	735 ILCS 5/12-1001 (h) (2)
<ol> <li>Life insurance payments from policy insuring person of whom debtor was a dependent</li> </ol>	Amount reasonably necessary to support debtor and dependents	735 ILCS 5/12-1001 (h) (3)
m. payments on account of bodily injury of debtor or person of whom debtor was a dependent	\$7.500	735 ILCS 5/12-1001 (h) (4)

NOTE: Proceeds from sale of exempt personal property are also exempt. Non-exempt property converted into exempt property in fraud of creditors is not exempt. Property acquired within 6 months of the filing of bankruptcy is presumed to have been acquired in contemplation of bankruptcy. The exemptions in 735 ILCS 5/12-1001 (h) extend for 2 years after the debtor's right to receive the payments accrues and, as to property traceable therefrom, for 5 years after accrual. See SHA 735 ILCS 5/12-1001.

n. Specific partnership property	100% of partner's interest	806 ILCS 205/25
o. Gross earnings or disposable earnings (disposable earnings are gross earnings less deductions required by law)	85% of gross earnings or disposable earnings equal 40 times the federal minimum hourly wage per week. WHICHE IS GREATER	735 ILCS 5/12-803 VER
p. Proceeds & cash value of life or endowment insurance policy or annuity to insured spouse or dependent.	100%	215 ILCS 5/238
q. Fraternal Benefit Society benefits	100%	215 ILCS 5/313.1
r. Workmen's Compensation benefits	100%	820 ILCS 305/21
s. Unemployment compensation benefits	100% (support claims excepted)	820 ILCS 405/1300
t. Public Welfare benefits	100%	305 ILCS 5/11-3
u. Property held in trust for debtor	100%	735 ILCS 5/12-1403
v. Wage garnishment	100%	735 ILCS 5/12-803 735 ILCS 5/12-1001 (b) 735 ILCS 5/12-8
w. Income earned or funds in possession of Chapter 13 trustee, in event of conversion from Chapter 13 or dismissal of existing Chapter 13.	100%	735 ILCS 5/12-803 735 ILCS 5/12-1001 (b)

Sheila S. Frausto & Francisco J. Frausto

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 1 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 5140409 Wells Fargo Home Mortgage Attention: Bankruptcy Dept.	75598.05		856.00		
3476 Stateview Boulevard Fort Mill, SC 29715	VALUE \$ 100	RE, BLUE IS	•		
NATURE OF CLAIM SECURED 100% VALUE OUT	SIDE PLAN HO	ME MORTGAGE	G		
ACCOUNT # 5140409 Wells Fargo Home Mortgage Attention: Bankruptcy Dept. 3476 Stateview Boulevard Fort Mill, SC 29715	<u>VALUE</u> \$ 100	ONORE, BLUE			
NATURE OF CLAIM SECURED 100% VALUE ARR			9		
TOTAL SECURED - SCHEDULE D \$		=======	========	======	======
=======================================	=========	========	========	======	======
ACCOUNT # 589-08-0499 Internal Revenue Service 230 South Dearborn Street Mail Stop 5016 Chi	7500.00				
Chicago, IL 60604					
NATURE OF CLAIM PRIORITY 100% INCOME TO	· ·			<del></del>	
TOTAL PRIORITY - SCHEDULE E \$	7500.00 		=======================================	======	=======
ACCOUNT # 6439951 A.T.&T. Wireless	598.00				
C/O Sunrise 260 Airport Plaza Farmingdale, NY 11735					
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 000161 Arnold S. Morof & Associates 15300 West Avenue, Suite 113 Orland Park, IL 60462	251.00				
NATURE OF CLAIM UNSECURED 10%	•				

## COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 2 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 19729428 Arrow Financial 8589 Aero Drive San Diego, CA 92123	2046.00				
NATURE OF CLAIM UNSECURED 10%		70.0			
ACCOUNT # SFB-4090921 B.I. Anesthesia P.O. Box 631 Lake Forest, IL 60045	144.00				
NATURE OF CLAIM UNSECURED 10% MEDICAL B	ILL FOR SHE	EILA FRAUSTO			
ACCOUNT # 185151 Bally's Health C/O Ascension Recovery 28035 North Avenue Station Valencia, CA 91355-0001	885.00				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # Banfield Pet Hospital 11815 N.E. Glenn Widing Drive Portland, OR 97220	543.00				
NATURE OF CLAIM UNSECURED 10%				· · · · · · · · · · · · · · · · · · ·	<del> </del>
ACCOUNT # 7001091002918202  Best Buy C/O Household Bank P.O. Box 15521 Wilmington, DE 19850	4524.88				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 07-01-00594005 Blue Island Pathology 3300 Burr Oak Avenue Blue Island, IL 60406	30.00				
NATURE OF CLAIM UNSECURED 10%				7-5	·

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## COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 3 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

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NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 01-01-42470077  Blue Island Radiology Consult.  3300 Burr Oak Ave., 2nd Floor  Blue Island, IL 60406	752.00				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 5424180407048757 Citi Cards P O Box 3671 Urbandale, IA 50323	2451.77				
NATURE OF CLAIM UNSECURED 10%					· · · · · · · · · · · · · · · · · · ·
ACCOUNT # 4677 Citibank C/O Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603	.00				
NATURE OF CLAIM UNSECURED 10% NOTICE ON	LY LISTING				
ACCOUNT # 31873802 City Of Blue Island 13051 South Greenwood Avenue Blue Island, IL 60406	109.48				
NATURE OF CLAIM UNSECURED 10% UTILITY S	ERVICE FOR	12752 HONORI	3	<u> </u>	
ACCOUNT # 20921013 City Of Blue Island 13051 South Greenwood Avenue Blue Island, IL 60406	194.24				
NATURE OF CLAIM UNSECURED 10% UTILITY S	ERVICE FOR	2424 WALNUT		<del>-</del>	
ACCOUNT # 99931754 City Of Blue Island 13051 South Greenwood Avenue Blue Island, IL 60406	462.05				

NATURE OF CLAIM UNSECURED 10% WATER BILL FOR 12849 GREGORY, BLUE ISLAN

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## COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 4 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

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NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 881221328 Comcast C/O Credit Prt. Associates 13355 Noel Road Dallas, TX 75240	70.00				
NATURE OF CLAIM UNSECURED 10%			****		
ACCOUNT # 9771657061 Commonwealth Edison/Exelon Bankruptcy Section/System Cred 2100 Swift Road Oak Brook, IL 60523	806.45				
NATURE OF CLAIM UNSECURED 10% UTILITY S	SERVICE	H To			···
ACCOUNT # 0448320009 Commonwealth Edison/Exelon Customer Care Center P. O. Box 87522 Chicago, IL 60680	1122.98				
NATURE OF CLAIM UNSECURED 10% UTILITY S	SERVICE				
ACCOUNT # 6012500110835511 Conseco 1400 Turbine Drive Rapid City, SD 57701	5954.00				
NATURE OF CLAIM UNSECURED 10%					·
ACCOUNT # 314487412511 Dr. Arnold Morof C/O Dependon Collection 7627 West Lake Street River Forest, IL 60305	.00				
NATURE OF CLAIM UNSECURED 10% NOTICE ON	ILY LISTING				<del></del>
ACCOUNT # 212205901 Dr. Opferman C/O C.B. U.S.A., Inc. 5252 Hohman Hammond, IN 46325	254.00				
NATURE OF CLAIM UNSECURED 10%					<del></del>

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 5 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

, "		ECCRED CEA	IIIVIO		
NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT PER PLAN
ACCOUNT # 7001091002918202 E-Cast Settlement/H.R.S. C/O Bass & Associates 3936 E. Ft. Lowell Rd., #200 Tucson, AZ 85712	4652.36				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 154-0160-21995 General Motors Acceptance Corp 1700 W. Highway 36, Suite 510 Roseville, MN 55113	17244.18				
NATURE OF CLAIM UNSECURED 10% REPOSSESS	ED 2001 CHE	EVROLET BLAZ	ER		<del></del>
ACCOUNT # 721-000718612 Groen Waste Services 13701 South Kostner Crestwood, IL 60445-0002	221.25				
NATURE OF CLAIM UNSECURED 10% DISPOSAL	SERVICE				
ACCOUNT # 3-0721-0023167  Groen Waste Services 13701 South Kostner Crestwood, IL 60445-0002	354.09				
NATURE OF CLAIM UNSECURED 10%					·
ACCOUNT # 200400527798 Ingalls Hospital Attn: Patient Accounts One Ingalls Drive Harvey, IL 60426	918.00				
NATURE OF CLAIM UNSECURED 10% MEDICAL B	ILL FOR SHE	ILA FRAUSTO			
ACCOUNT # 25521037952  Kohl's Department Store C/O Creditors Bankruptcy Svc. P.O. Box 740933 Dallas, 75374	97.00				
NATURE OF CLAIM UNSECURED 10%					

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 6 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

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NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 1873082 Menard's Credit Card C/O Kevin M. Kelly, P.C. 10 East 22nd Street, Suite 216 Lombard, IL 60148	2872.98				
NATURE OF CLAIM UNSECURED 10%		· · · · · · · · · · · · · · · · · · ·			
ACCOUNT # 1873082 Menard's Credit Card Plan C/O Cavalry Portfolio P.O. Box 27288 Tempe, AZ 85282	.00				
NATURE OF CLAIM UNSECURED 10% NOTICE ON	LY LISTING		<del></del>		
ACCOUNT # 1-40813117 Midwest Physician Group Collection Unit P.O. Box 95401 Chicago, IL 60694	90.00				
NATURE OF CLAIM UNSECURED 10%		·			<del></del>
ACCOUNT # 7549078 Midwest Physician Group, Ltd. C/O Illinois Collection Servic P.O. Box 646 Oak Lawn, IL 60454	.00				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 15675291 Nicor C/O C.F.C. Financial, L.L.C. P.O. Box 2036 Warren, MI 48090	66.00				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 15667427 Nicor C/O C.F.C. Financial, L.L.C. P.O. Box 2036 Warren, MI 48090	279.00				
NATURE OF CLAIM UNSECURED 10%					

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 7 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

•			ZOURD OBA		
NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 4-12-12-0284-2 Nicor Bankruptcy Department P.O. Box 190 Aurora, IL 60507	7627.91				
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 22233140-BB2 Nicor Gas C/O N.C.O. Financial Systems P.O. Box 6489 Baltimore, MD 21230	.00				
NATURE OF CLAIM UNSECURED 10% NOTICE ON	LY LISTING		100	· · · · · · · · · · · · · · · · · · ·	
ACCOUNT # 1097955 Pronger Smith 2320 West High Street Blue Island, IL 60406	6420.00				
NATURE OF CLAIM UNSECURED 10%					· · · · · · · · · · · · · · · · · · ·
ACCOUNT # 700542 Radiology Imaging Consultants Dept. 77-9413 Chicago, IL 60678	309.00				
NATURE OF CLAIM UNSECURED 10%		- a	***		
ACCOUNT # 0800002164661 S.B.C. Paging 32255 Northwestern Hwy., #143 Farmington Hi, MI 48334	130.41				
NATURE OF CLAIM UNSECURED 10%					11
ACCOUNT # 708-597-1939-0445 S.B.C./Ameritech C/O Debt Credit Services P.O. Box 8129 Akron, OH 44320	.00				

NATURE OF CLAIM UNSECURED 10% NOTICE ONLY LISTING

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 8 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT. PER PLAN
ACCOUNT # 708-597-1939-7135 S.B.C./Ameritech Bankruptcy Desk P.O. Box 769	104.84				
Arlington, TX 76004					
NATURE OF CLAIM UNSECURED 10%		· · · · · · · · · · · · · · · · · · ·		**************************************	
ACCOUNT # 708-597-1939-0445	<u></u>		1		<del></del>
S.B.C./Ameritech Bankruptcy Desk	238.33				
P.O. Box 769					
Arlington, TX 76004					
NATURE OF CLAIM UNSECURED 10% TELEPHONE	SERVICE				
ACCOUNT # 0031400056					
Saxon Mortgage Services C/O Ira Nevel	163940.72			1	
175 North Franklin					
Chicago, IL 60606					
NATURE OF CLAIM UNSECURED 10% FORECLOSU	RE ON RENTA	L INCOME PRO	OPERTY		
ACCOUNT # 31009763100	<u> </u>				
Sears	.00	1			
C/O Risk Management Alternativ 1500 Commerce Drive					
Mendota Hghts, MN 55120					
NATURE OF CLAIM UNSECURED 10% NOTICE ON	LY LISTING				
ACCOUNT # 01-78730-13467-7					<del></del>
Sears	2943.19				
Bankruptcy Team P.O. Box 3671					
Des Moines, IA 50322					
NATURE OF CLAIM UNSECURED 10%					
ACCOUNT # 7122		1	1	<u>1</u>	
South Suburban Dental Center	218.02				
2320 Walnut Blue Island, IL 60406		·	·	•	
Diac Iblana, II 00400					
<u>'</u>					

NATURE OF CLAIM UNSECURED 10% DENTAL BILLS FOR ELIZABETH & SHEILA

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE 9 CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

ACCOUNT # 2819151 & 3215712 St. Francis Hospital 267.00 C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173	NAME, ADDRESS, ZIPCODE, & ACCOUNT NO. IF ANY	AMOUNT CLAIMED DUE	UNSECURED PORTION	MONTHLY CONTACT PMTS.	# INST ARREARS	MO. PMT PER PLAN
2800 West 87th Street Chicago, IL 60652  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 4768906 SOUthwest Obstetrics & Gynecol C/O Illinois Collection Servic 4647 West 103rd Street Oak Lawn, IL 60453  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  MATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  MATURE OF CLAIM UNSECURED 10%  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646						·
Chicago, IL 60652  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 4768906 Southwest Obstetrics & Gynecol C/O Illinois Collection Service 4647 West 103rd Street Oak Lawn, IL 60453  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. collect 1375 East Woodfield Schaumburg, IL 60173  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. BOX 469005 Chicago, IL 60646  WAURE OF CLAIM UNSECURED 10%  AURIE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. BOX 469005 Chicago, IL 60646		92.26			ľ	
NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 4768906 Southwest Obstetrics & Gynecol C/O Illinois Collection Servic 4647 West 103rd Street Cak Lawn, IL 60453  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  MATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646	_			·	•	
ACCOUNT # 4768906 Southwest Obstetrics & Gynecol C/O Illinois Collection Servic 4647 West 103rd Street Oak Lawn, IL 60453  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. Collect 1375 Bast Woodfield Schaumburg, IL 60173  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  MATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 1606466  MATURE OF CLAIM UNSECURED 10%	Chicago, IL 60652					
Southwest Obstetrics & Gynecol C/O Illinois Collection Servic 4647 West 103rd Street Oak Lawn, IL 60453  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  MATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  MATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  MATURE OF CLAIM UNSECURED 10%	NATURE OF CLAIM UNSECURED 10%				·	
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### ACCOUNT # 301163286  T-Mobile Of Claim UNSECURED 10%  ###################################		855.00			ļ	
Oak Lawn, IL 60453  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 2819151 & 3215712 St. Francis Hospital 267.00 St. Francis Hospital 267.00  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10% ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646			•	' '	ı	
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ACCOUNT # 2819151 & 3215712 St. Francis Hospital C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WALURE OF CLAIM UNSECURED 10%	Oak Lawn, IL 60453					
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C/O O.S.I. Collect 1375 East Woodfield Schaumburg, IL 60173  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646						
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Schaumburg, IL 60173  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  VATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%				•	•	
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ACCOUNT # 0421800101 St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  VATURE OF CLAIM UNSECURED 10%	Schaumburg, IL 60173					
St. Francis Hospital & Health Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%	NATURE OF CLAIM UNSECURED 10%					
Attn: Patient Accounts 12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  VATURE OF CLAIM UNSECURED 10%						
12935 South Gregory Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  NATURE OF CLAIM UNSECURED 10%  SERVICES P.O. Box 469005 Chicago, IL 60646		719.38				
Blue Island, IL 60406  NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  VATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  MATURE OF CLAIM UNSECURED 10%  SERVICES PROPERTY.				•	•	
NATURE OF CLAIM UNSECURED 10% MEDICAL BILL FOR SHEILA FRAUSTO  ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  VATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%  WATURE OF CLAIM UNSECURED 10%						
ACCOUNT # 301163286 T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%	Blue Island, IL 60406					
T-Mobile C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  NATURE OF CLAIM UNSECURED 10%	NATURE OF CLAIM UNSECURED 10% MEDICAL B	BILL FOR SHE	ILA FRAUSTO	)		
C/O Amsher Collection Services 1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  NATURE OF CLAIM UNSECURED 10%						<del></del>
1816 Third Avenue North Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  NATURE OF CLAIM UNSECURED 10%		346.65				
Birmingham, AL 35203  NATURE OF CLAIM UNSECURED 10%  ACCOUNT # C77207360882120 Walmart C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646  NATURE OF CLAIM UNSECURED 10%					·	
ACCOUNT # C77207360882120 Walmart 2072.14 C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646 WATURE OF CLAIM UNSECURED 10%						
ACCOUNT # C77207360882120 Walmart 2072.14 C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646 WATURE OF CLAIM UNSECURED 10%	Birmingnam, AL 35203					
Walmart 2072.14  C/O Arrow Financial Services P.O. Box 469005  Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%	NATURE OF CLAIM UNSECURED 10%					
C/O Arrow Financial Services P.O. Box 469005 Chicago, IL 60646 WATURE OF CLAIM UNSECURED 10%			<u> </u>			
P.O. Box 469005 Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%		2072.14				
Chicago, IL 60646  WATURE OF CLAIM UNSECURED 10%			•	. '	•	
NATURE OF CLAIM UNSECURED 10%						
=======================================	Chicago, IL 60646					
TOTAL UNSECURED - SCHEDULE F \$ 234278.56	VATURE OF CLAIM UNSECURED 10%					<u> </u>
	TOTAL UNSECURED - SCHEDULE F \$	========= 234278.56	========	=========	=====:	======

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# COMBINED CHAPTER 13 SCHEDULE D, E, & F PAGE CREDITORS HOLDING SECURED, UNSECURED PRIORITY & UNSECURED CLAIMS

NAME, ADDRESS, ZIPCODE, & ACCOUNT	AMOUNT CLAIMED DUE		UNSECURED PORTION		MONTHLY CONTACT PMTS.		# INST ARREARS	MO. PMT. PER PLAN
	TOTALS:	324376.61	SET	PMTS	UNDER	PLAI	1	.00
BY CATEGORY: #		AM	OUNT	l				
SECURED OUTSIDE 1		755	98.05					
SECURED INSIDE 1			00.00					
UNSECURED 50	234278	.56						
ADDITIONAL UNSECURED		.00						
AT PERCENTAGE	: 10 %	234	27.86					
PRIORITY 1			00.00					
SPEC CLASS 0		.00						
AT PERCENTAGE	:		.00					
TOTAL PLAN 53		379	27.86					
TOTAL PLAN W/TRUSTEE	& ATTY FEE:	: 432	54.05				0	1/04/05

# Case 05-04275 Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main UNITED STATES BANKSCHIFFENT COFES NORTHERN DISTRICT OF ILLINOIS IN RE:

Sheila S. Frausto Francisco J. Frausto

### SCHDEULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real property. Include any timeshare interests.

State nature of debtor's interest in contract, i.e., "Purchaser.", "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing adderesses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors

[ ] Check this box if debtor has no executory contracts or unexpired leases.

NAME & MAILING ADDRESS OF PARTIES TO CONTRACT

**DESCRIPTIONS OF CONTRACT & DEBTORS INTERE** 

	UNITED	STATES BA	VIRICELLE COPE	TE NORTHER	5 14.05.44 <b>N DISTRIC</b> '	T OF ILLINOIS
N RE:			Doodinone 1 a	90 20 01 20		
Sheila S	. Frausto			)		
Francisc	o J. Fraus	to		)		

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedule of creditors. Include all guarantors and co-signers. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

[X] Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Francisco J. Frausto

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTORS

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are seperated and a joint petition is not filed.

Debtor's Marital Sta	atus	DE	PENDI	ENTS OF DEBTOR	& SPO	JSE	
MARRIED	4.00	_	NAM			AGE	RELATIONSHIP
ELEPHONE 708	/489-6694	Eliz		th		15	Daughte
		Anna				13	Daughte
		,					
<u>EMPLOYMEN</u>				SPO	USE		
OCCUPATION	CERTIFIED NURSING AS			DRIVER			
	Vitas Healthcare Cor	poration		Cheetal	ı Tra	ansportat:	ion, L.L.C.
TIME EMPLOYED ADDRESS	3 YEARS		200	1 YEAR			
ADDKC33	600 Holiday Inn Plaz Matteson IL 60443	a, Suite	200			Street,	Suite 15
TELEPHONE	708/748-8777			Cary II 773/269			
TEEL TIONS				//3/263	) - 9 L	± <b>4</b>	
				DEBTOR		SPOUSE	
		PAY FREQUEI	NCY <b>B</b>	I-WEEKLY		PAY FREQUENC	Y WEEKLY
ROSS WAGES			\$	878.61	\$	550.00	
			·		•		
ESS PAYROLL DEL							
a. PATROLL TAXI b. Insurance	ES & SOCIAL SECURITY		\$	348.36	Ş		
c. Union Dues			Ş	219.22	Ş		
d. Other			\$ \$ \$		\$ \$ \$ \$		
			٧		Ą		
TOTAL NET TAKE	HOME PAY PER PERIOD	-	\$	311.03	\$	550.00	
TOTAL NET TAKE	HOME PAY MONTHLY	-	\$	673.38		2201 50	
TOTAL HET TAKE	TOTAL TAN TOWNEY		Ą	6/3.36	Ą	2381.50	
REGULAR INCOME	FROM OPERATION OF BUSINESS		\$		\$		
INCOME FORM REA	AL PROPERTY		\$		\$		
INTEREST AND RE							
INTEREST AND DI	VIDENDS		\$		\$		
ALIMONY, MAINTE	NANCE OR SUPPORT RECVD FOR						
THE DEBTORS USE	OR OF DEPENDANTS LISTED ABOVE		\$		\$		
SOCIAL SECURITY	OR OTHER ASSISTANCE		\$		\$		
2 2	// WO 2017 HOL		٧		Ą		
PENSION OR RETI	REMENT INCOME		\$		\$		
OTHER MONTHLY I	NCOME		\$		\$		
			т		٧		

673.38

\$ 2381.50

TOTAL COMBINED MONTHLY INCOME \$ 3054.88

TOTAL MONTHLY INCOME

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IN RE: Sheila S. Frausto
Francisco J. Frausto

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Desc Main

### SCHEDULE J- CURRENT EXPENDITURES OF INDIVIDUAL DEBTORS

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

[] Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse". 856.00 Are real estate taxed included? YES Is property insurance included? YES 255.00 73.00 75.00 100.00 350.00 100.00 60.00 100.00 100.00 155.00 Insurance (not deducted from wages or included in home mortgage payments) 80.00 (Specify) Installment payments (In chapter 12 and 13 cases, do not list payments to be included in the plan) Auto \$ \$ \$ **Other** Other \$ \$ Regular expenses from operation of business, profession, or farm (attach detailed statement) . . . . **Other** \$ 2304.00 (FOR CHAPTER 12 & 13 DEBTORS ONLY) Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other interval. 3054.88 2304.00 \$ 750.88 750.00

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### NORTHERN DISTRICT OF ILLINOIS

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70	TO.
	15.

Sheila S.	Fra	austo		)	
Francisco	J.	Frausto		ý	NC
			Debtors	)	

### STATEMENT OF FINANCIAL AFFAIRS DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. s 101(30).

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None AMOUNT

SOURCE (if more than one)

[ ]

THIS YR: 10958.06 27500.00 WAGES WAGES LAST YR: 24301.91 6766.89 WAGES WAGES PRIOR YR: 19772.00 44608.00 WAGES WAGES

2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtor's filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None [X ]

**AMOUNT** 

SOURCE

3. Payments to creditors

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR DATE OF PAYMENT AMOUNT PAID AMOUNT STILL OWING [X ]

[X]

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- 4. Suits, executions, garnishments, and attachments
  - a. List all suits to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None CAPTION OF SUIT & CASE NUMBER NATURE OF PROCEEDING COURT AND LOCATION STATUS OR DISPOSITION

SAXON MORTGAGE V. FRAUSTO, 03CH21509, COOK COUNTY, PENDING

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED; DATE OF SEIZURE; DESCRIPTION & VALUE OF PROPERTY [X ]

5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF CREDITOR; DATE OF REPOSSESSION, FORECLOSURE OR RETURN; DESCRIPTION & VALUE OF PROPERTY

SAXON MORTGAGE SERVICES FORECLOSED ON 12847-49 S. GREGORY, FORECLOSURE SALE HELD NOVEMBER 2004.

- 6. Assignments and receiverships
  - a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

[X ]

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF CUSTODIAN NAME; LOCATION OF COURT; CASE TITLE; NUMBER; DATE OF ORDER; DESCRIPTION & VALUE  $[X\ ]$ 

7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, DATE OF GIFT DESCRIPTION & VALUE OF GIFT [X]

8. Losses

List all losses from fire, theft, other casualty or gambling within one year preceding the commencement of this case or since the commencement of this case (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint is filed, unless the spouses are separated and a joint petition is not filed.)

None DESCRIPTION & VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES & IF LOSS WAS COVERED BY INSURANCE, GIVE PARTICULARS [X ]

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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

None NAME & ADDRESS OF PAYEE; DATE OF PAYMENT; NAME OF PAYOR IF OTHER THAN DEBTOR; AMOUNT OR DESCRIPTION & VALUE

. Urban & Burt, Ltd., 5320 W. 159th St., Oak Forest, Il 60452

\$ 1000

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF TRANSFEREE; RELATIONSHIP TO DEBTOR; DATE; DESCRIBE PROPERTY TRANSFERRED & VALUE RECEIVED [X ]

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF INSTITUTION; TYPE & NUMBER OF ACCOUNT; AMOUNT OF FINAL BALANCE; AMOUNT & DATE OF SALE [X ]

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF DEPOSITORY; NAMES & ADDRESSES OF THOSE WITH ACCESS; DESCRIPTION; DATE OF TRANSFER [X ]

### 13. Setoffs

[X]

[ ]

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None NAME & ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

List all property owned by another person that the debtor holds or controls.

None NAME & ADDRESS OF OWNER

DESCRIPTION & VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

None ADDRESS

NAME USED

DATES OF OCCUPANCY

[X ]

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(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the two years immediately preceding the commencement of this case.)

- 16. Nature, location and name of business
  - a. If the debtor is an individual, list the names and addresses of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the two years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the two years immediately preceding the commencement of this case.
  - b. If the debtor is a partnership, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities, within the two years immediately preceding the commencement of this case.
  - c. If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities within the two years immediately preceding the commencement of this case.

None NAME ADDRESS NATURE OF BUSINESS BEGINNING AND ENDING DATES OF OPERATION [X]

- 17. Books, records and financial statements
  - a. List all bookkeepers and accountants who within the six years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None NAME AND ADDRESS DATES SERVICES RENDERED [X ]

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None NAME ADDRESS DATES SERVICES RENDERED

[X]

- 18. Inventories
- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of the inventory, and the dollar None amount and basis of each inventory.

[X ] DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the two inventories reported in a. above.

None DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

[X ]

- 19. Current Partners, Officers, Directors and Shareholders
  - a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

[X ]

Case 05-04275 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main Doc 1 Sheila S. Frausto & Francisco J. Frausto Page 27 of 29 Document b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly owns, controls, or holds 5 percent or more of the voting securities of the corporation. None NAME AND ADDRESS TITLE NATURE AND PERCENTAGE OF STOCK OWNERSHIP [X ] 20. Former partners, officers, directors and shareholders a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case. None **ADDRESS** DATE OF WITHDRAWAL [X]b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. None NAME AND ADDRESS TITLE DATE OF TERMINATION [X ] 21. Withdrawal from a partnership or distributions by a corporation If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case. None NAME & ADDRESS OF RECIPIENT; RELATIONSHIP TO DEBTOR; DATE OF WITHDRAWAL; AMT OR DESCRIPTION; VALUE OF PROPERTY [X ] I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that

they are true and correct ro the best of my knowledge, information and belief.

Dec 18, 2004

Transidae T. Francis

Penalty for making a false statement: fine up to \$500.00 or imprisonment for up to 5 years, or both.

URBAN & BURT, LTD. Attorney for Debtor 5320 W. 159th Street Oak Center - Suite 501 Oak Forest, IL 60452 708/687-5200

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# UNITED STATES BRANCE PTEY COURT NORTHERN DISTRICT OF ILLINOIS

Sheila S.	Frausto	)	NO
Francisco	J. Frausto	)	
	Debtor(s),	)	

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. Sec. 329(a) and Bankruptcy Rule 2016(b), I certify that I am the above-named debtor(s) attorney and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due. \$ 694.00
2.	The source of compensation paid to me was:
	[X] Debtor [] Other (specify)
3.	The source of compensation to be paid to me is:
	[X] Debtor [] Other (specify)
4.	[X] I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	[ ] I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.  A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
	b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
	d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
	e. [Other provisions as needed]
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services:
	CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

EDMUND G. UBRAN III URBAN & BURT, LTD. Attorney for Debtors 5320 W. 159th Street Oak Forest, IL 60452 708/687-5200 /s/ Edmund G. Urban III

Feb 9, 2005

### Doc 1 Filed 02/09/05 Entered 02/09/05 14:05:44 Desc Main UNITED STATIFFER ANKRAGETON OF DESCRIPTION OF ILLINOIS Case 05-04275

IN RE: Sheila S. Frausto & Francisco J. Frausto Case Number

### VERIFICATION OF CREDITOR MATRIX

Number of Creditors

53

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: Dec 18, 2004

/s/ Edmund G. Urban III Attorney for Debtor